



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

1789 W. Jefferson St., Site Code 960A
Phoenix, AZ 85007

Janet Napolitano
Governor

Tracy L. Wareing
Director

Authorization for Release of Birth Records/Certificates

I authorize the Arizona Department of Economic Security, Family Assistance Administration, Citizenship Verification Unit, permission to request and receive the birth record(s)/certificate(s) on my behalf and on behalf of my dependent(s). **(Please print)**

_____ (spouse)	_____ (dependent)
_____ (dependent)	_____ (dependent)
_____ (dependent)	_____ (dependent)
_____ (dependent)	_____ (dependent)
_____ (dependent)	_____ (dependent)

Applicant's Name (*Print*)

Applicant's Signature

On _____ (*date*), before me, _____ (*Name of Notary*)

personally appeared, _____ (*name of applicant*) personally known to me and proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or entity upon behalf of which their person acted, executed the instrument, WITNESS my hand and official seal.

Notary Signature

WITNESS my hand and official seal.
(NOTARY SEAL MUST be visible on a faxed form)

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-5363; TTY/TDD Services: 7-1-1.